



OPERATING PROCEDURE

CARDIAC EMERGENCIES
VENTRICULAR TACHYCARDIA
STABLE PATIENT

 Effective Date:
 November 2, 1990

 Revised:
 October 1, 2000

Approved By:

Approved By Operational Medical Director:

ALS ONLY

1. Attach the patient to the EKG monitor. Ensure that the EKG documenting Ventricular Tachycardia is either printed or captured into "Code Summary".
2. Establish an IV of 0.9% Sodium Chloride as soon as possible. Start a second IV as time allows. Do not delay treatment or transport attempting to establish the second IV.
3. Administer AMIODARONE (CORDARONE):
 - Adult: 150 mg slow IV/IO push
4. If VT persists, administer LIDOCAINE:
 - Adult: 1.0 mg/kg IV push every 3 to 5 minutes as needed. Maximum dose not to exceed 3 mg/kg
 - Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape

MEDICAL CONTROL ONLY

5. Administer PROCAINAMIDE:
 - Adult: 20 mg - 30 mg/min until:
 - ✓ QRS complex widens by more than 50%
 - ✓ ectopy resolves
 - ✓ hypotension occurs
 - ✓ 17 mg/kg has been given

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6. Administer BRETYLIUM:

- **Adult: 5 mg/kg IV bolus**

7. Administer BRETYLIUM:

- **Adult: 10 mg/kg IV bolus not to exceed 35 mg/kg**

8. If at any point the ectopy resolves administer one of the following anti-arrhythmic regimens:

- **If AMIODARONE was administered and resulted in a conversion then begin an AMIODARONE infusion. MIX: 100 mg AMIODARONE in 100ml NaCl INFUSE: 1mg/min (60gtts/min using a 60 drop mini-drip set)**
- **If LIDOCAINE, BRETYLIUM or PROCAINAMIDE has been administered then administer 50% of the loading dose every 8 to 10 minutes. The agent to be administered as a maintenance dose should be the agent that converted the rhythm.**

9. Administer further medication or carry out further procedures as directed by medical control.